or fraudulent statements or representations as to any matter within its jurisdiction.

L TED STATES DEPART TOF THE INTERIOR BUREAU OF LAND MANAGEMENT

1301 W. Gri J AVONUS FORM APPROVED COMB No. 1004-0135

Artesia, NM 88210 Expires November 30, 2000

Expires November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

NM-16073
6. If Indian, Allottee or Tribe Name
N/A

				7. If Unit or CA/Agreement, Name and/or No.
SUBMIT IN TRIPLICATE - Other Instructions on reverse side				N/A
Type of Well Oil Well	X Gas Well	Other	3611 18 19 20 27 22 23	SARAH UM FEDERAL COM #1
2 Name of Operator				
Yates Petroleum Corporation ' 3a Address 3b. Phone No. (include area code) 3b. Phone No. (include				
3a Address 105 S. 4th Street - Artesia, NM 88210 505-748-1471 PRECENESIA				27
Yates Petroleum Corporation 3a Address 105 S. 4th Street - Artesia, NM 88210 4. Location of Well (Footage, Sec., T.,R., M., or Survey Description) 3b. Phone No. (include area code) JUL FOOTAGE ARTESIA 505-748-1471 COCO ARTESIA				PECOS SLOPE ABO
				11. County or Parish, State
30x 1				CHAVES COUNTY
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA				
TYPE OF SUBMISSION TYPE OF ACTION				
Notice of Intent	Acidize	Deepen	Production (Start/Resume)	Water Shut-Off
Subsequent Report	Alter Casing	Fracture Treat	Reclamation	Well Integrity
Final Abandonment Notice	Casing Repair	New Construction	Recomplete	Other
	Change Plans	Plug and Abandon	X Temporarily Abandon	
	Convert to Injection	Plug Back	Water Disposal	
5-30-02-Notified NMOCD & BLM; MIRU PU. 5-31-02- TOH w/ tubing; set CIBP @ 3940'. TIH w/ tubing & circ w/ 2% KCL iron control. Test to 500 psi for 15 min. Start out of hole laying down tubing. Close well in & SD for night. 6-1-3-02-Lay down remaining tubing; loaded hole. Tested to 500 psi for 30 min., test OK. RD, move off. Well is T/A. Chart is attached. APPROVED FOR 12 MONTH PERIOD FILE PROVED FOR 12 MONTH PE				
I hereby certify that the foregoing is true and correct Name (Printed/Typed) Title				10 <u>1</u>
Donna Clack Operations Technician				
Signature Date 6/11/02				
THIS SPACE FOR FEDERAL OR STATE OFFICE USE				
Approved by	()		Title PE	Date 7/12/0 2
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.				
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious				